Application No. Applicant(s) 10/564.379 GEREZ ET AL. Interview Summary Examiner Art Unit Patrick F. Brinson 3754 All participants (applicant, applicant's representative, PTO personnel): (1) Patrick F. Brinson. (3) (2) Robert C. Faber. (4)____. Date of Interview: 20 March 2008. Type: a) ☐ Telephonic b) ☐ Video Conference c) Personal (copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e) No. If Yes, brief description: _____. Claim(s) discussed: Identification of prior art discussed: NONE. Agreement with respect to the claims f) was reached. g) was not reached. h) N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Mr. Faber called to request a revised office action as the one he received, mailed 11/28/2007, was a rejection of original claims. Mr. Faber pointed out that he had filed an amendment to the claims and that they were not examined. I told Mr. Faber that I would examine the correct claims and provide a second office action and restart his period for response. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

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Examiner Note: You must sign this form unless it is an Examiner's signature, if required

Attachment to a signed Office action.